

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

ADDRESS (number and street) ▼

1650 Diagonal Road

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00306449

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

04

M M M / D D D / Y Y Y Y Y Y

01

M M M / D D D / Y Y Y Y Y Y

2013

through

M M M / D D D / Y Y Y Y Y Y

04

M M M / D D D / Y Y Y Y Y Y

30

M M M / D D D / Y Y Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Brenda Hargett CPA

Signature of Treasurer

Ms Brenda Hargett CPA

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

05

M M M / D D D / Y Y Y Y Y Y

17

M M M / D D D / Y Y Y Y Y Y

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		93512.12
(b) Cash on Hand at Beginning of Reporting Period.....	44639.76	
(c) Total Receipts (from Line 19)	34512.79	59221.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79152.55	152734.10
7. Total Disbursements (from Line 31)	1543.64	75125.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77608.91	77608.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
04 / 01 / 2013

To:

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30210.00

50445.00

(ii) Unitemized

4300.42

8761.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34510.42

59206.68

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

34510.42

59206.68

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

2.37

15.30

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

34512.79

59221.98

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

34512.79

59221.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1543.64	3125.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1543.64	3125.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	72000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1543.64	75125.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1543.64	75125.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34510.42	59206.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34510.42	59206.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1543.64	3125.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1543.64	3125.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Philip T. Rowan MD

Mailing Address 620 N Broad St

City

Woodbury

State

NJ

Zip Code

08096-1795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced ENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 4743571

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Mary Blome MD

Mailing Address 516 Knickerbocker Rd

City

Cresskill

State

NJ

Zip Code

07626-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 4743573

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Merritt J Seshul MD

Mailing Address 256 10th Ave NE Ste C

City

Hickory

State

NC

Zip Code

28601-3882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina ENT HNS Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 4743574

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Patrick Hall MD

Mailing Address 7 Winfield Way

City

Voorhees

State

NJ

Zip Code

08043-3937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced ENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 11 / 2013

Transaction ID : 4743577

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas F Dowling MD

Mailing Address 417 S 4th St Ste B

City

Gadsden

State

AL

Zip Code

35901-5296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2013

Transaction ID : 4743579

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey S. Driben MD

Mailing Address 1894 Brandywine Rd

City

Wyomissing

State

PA

Zip Code

19610-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT Head and Neck Specialists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 11 / 2013

Transaction ID : 4743585

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Robert E. Adham MD

Mailing Address 275 Cherokee Professional Park

City State Zip Code
 Maryville TN 37804-5155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Otolaryngology Center of E TN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : 4743586

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Lauren C. Anderson de Moreno MD

Mailing Address Dept of OTO-HNS
 800 Rose St, C236

City State Zip Code
 Lexington KY 40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kentucky

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : 4743589

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Amy D. Lazar MD

Mailing Address 56 Union Ave

City State Zip Code
 Somerville NJ 08876-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT and Allergy Associates, LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : 4743599

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Marc D. Maslov MD

Mailing Address PO Box 545

City

Seneca

State

PA

Zip Code

16346-0545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 4743601

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr David A Bianchi MD

Mailing Address 2415 Musgrove Rd Ste 203

City

Silver Spring

State

MD

Zip Code

20904-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Drs Hauck Bianchi & Driscoll PA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 4743611

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Randy J Folker MD

Mailing Address 1414 W Fair Ave Ste 119

City

Marquette

State

MI

Zip Code

49855-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upper Peninsula Med Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 4743615

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Michael Agostino MD

Mailing Address 4466 Central Ave

City

Indianapolis

State

IN

Zip Code

46205-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2013

Transaction ID : 4743618

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Nancy R Griner MD

Mailing Address 1700 Tree Ln Ste 320

City

Snellville

State

GA

Zip Code

30078-6747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ear, Nose & Throat Associates, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2013

Transaction ID : 4743622

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Krishna M Ganti MD

Mailing Address 11373 Cortez Blvd Ste 203

City

Brooksville

State

FL

Zip Code

34613-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2013

Transaction ID : 4743628

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

980.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Ronald D Hanson MD

Mailing Address 1528 Northway Dr

City

Saint Cloud

State

MN

Zip Code

56303-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Cloud Ear Nose and Throat Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2013

Transaction ID : 4751220

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steven D. Horwitz MD

Mailing Address 6531 N Knox Ave

City

Lincolnwood

State

IL

Zip Code

60712-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore University Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2013

Transaction ID : 4751221

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

C. Steven B. Levine MD

Mailing Address 160 Hawley Ln Ste 202

City

Trumbull

State

CT

Zip Code

06611-5379

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT and Allergy Associates, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2013

Transaction ID : 4751222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Aaron T Spingarn MD

Mailing Address 44 Pheasant Run Rd

City Pleasantville State NY Zip Code 10570-2544

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 18 / 2013

Transaction ID : 4751858

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Richard A Tibbals MD

Mailing Address 1020 Professional Blvd

City Evansville State IN Zip Code 47714-8009

FEC ID number of contributing federal political committee.

C

Name of Employer

Midwest OTO-HNS PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 18 / 2013

Transaction ID : 4751861

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. John S. Rhee MD MPH

Mailing Address 9200 W Wisconsin Ave

City Milwaukee State WI Zip Code 53226-3522

FEC ID number of contributing federal political committee.

C

Name of Employer

Med College of WI OTO Dept

Occupation

Associate Professor & Chief of Facial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 24 / 2013

Transaction ID : 4757873

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Lindsay I. Golden MD

Mailing Address 19211 Montgomery Village Ave Ste B

City State Zip Code
 Montgomery Village MD 20886-5044

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Montgomery Oto Consultants PA

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 24 / 2013

Transaction ID : 4757876

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kim E Pershall MD

Mailing Address 3811 24th St

City State Zip Code
 Lubbock TX 79410-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 24 / 2013

Transaction ID : 4757877

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Ira D. Papel MD

Mailing Address 1838 Greene Tree Rd Ste 370

City State Zip Code
 Baltimore MD 21208-7102

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Facial Plastic Surgicenter, Ltd.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 24 / 2013

Transaction ID : 4757879

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Michael Scherl MD

Mailing Address 354 Old Hook Rd, Ste 204

City State Zip Code
 Westwood NJ 07675-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northern Valley ENT

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 24 2013

Transaction ID : 4757882

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey J. Cunningham MD

Mailing Address 4012 Dawkins Farm Dr

City State Zip Code
 Olive Branch MS 38654-6481

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Mississippi Otolaryngology

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 24 2013

Transaction ID : 4757885

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

C. Joel F Lehrer MD

Mailing Address 1 Degraw Ave

City State Zip Code
 Teaneck NJ 07666-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northern Jersey Ear Nose & Throat Asso

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 24 2013

Transaction ID : 4757917

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Ann Pesola DO

Mailing Address 7719 N Shore Dr

City
Spicer

State
MN

Zip Code
56288-9678

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 4757918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Greg S Rowin DO

Mailing Address 133 S Nueces Park Ln

City

Harlingen

State

TX

Zip Code

78552-6233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Ear, Nose & Throat Specialists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 4757919

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr J Noble Anderson MD

Mailing Address 1773 Platt Pl

City

Montgomery

State

AL

Zip Code

36117-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT Associates of Alabama PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 4757928

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Steven M. Gold MD

Mailing Address 177 N Dean St Ste PHSOUTH

City State Zip Code
 Englewood NJ 07631-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENT and Allergy Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2013

Transaction ID : 4839413

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

B. Dr Madan N Kandula MD

Mailing Address 14150 Chesterwood Dr

City State Zip Code
 Brookfield WI 53005-2381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Ear Nose & Throat Specialists

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2013

Transaction ID : 4839417

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey S. Masin MD

Mailing Address 300 Locust St Ste 100

City State Zip Code
 Akron OH 44302-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : 4839418

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Susan R. Cordes MD

Mailing Address 705 Riley Hospital Drive
#0860

City Indianapolis State IN Zip Code 46202-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University School of Medicine

Occupation
Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : 4839419

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Gavin Setzen MD

Mailing Address 400 Patroon Creek Blvd Ste 205

City Albany State NY Zip Code 12206-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany ENT & Allergy Services PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : 4839420

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Michael J. Reilly MD

Mailing Address Dept Of OTO-HNS
3800 Reservoir Rd NW FL 1 Gorman

City Washington State DC Zip Code 20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgetown Univ Hosp

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : 4839421

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Lee D. Eisenberg MD MPH

Mailing Address 177 N Dean St Ste PHSOUTH

City State Zip Code
 Englewood NJ 07631-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ENT and Allergy Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2013

Transaction ID : 4839422

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Marcella R. Bothwell MD

Mailing Address 3030 Childrens Way MOB 402A

City State Zip Code
 San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rady Children's Hospital of San Diego

Occupation
 Director, Pediatric Airway and Aerodig

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2013

Transaction ID : 4839427

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Todd A Zachs MD

Mailing Address 901 Farmington Ave Ste 3

City State Zip Code
 West Hartford CT 06119-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Associated Ear, Nose and Throat Specia

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2013

Transaction ID : 4839435

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Timothy D. Knudsen MD

Mailing Address 102 Doctor Dr Ste 1

City

Dothan

State

AL

Zip Code

36301-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2013

Transaction ID : 4839437

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

B. James C. Denny MDMailing Address Dept of OTO-HNS
One Hospital Dr Rm MA314

City

Columbia

State

MO

Zip Code

65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denny ENT Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : 4839442

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Guy J. Petruzzelli MD MBA PhDMailing Address Curtis & Elizabeth Anderson Cancer
4700 Waters Avenue, PO Box 23089

City

Savannah

State

GA

Zip Code

31403-3089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : 4839443

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1265.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr William M. Sheppard MD

Mailing Address 1530 Barley Mill Rd

City

Wilmington

State

DE

Zip Code

19807-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT & Allergy of Delaware

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2013

Transaction ID : 4839444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Adam M Shapiro MD

Mailing Address 9149 Estate Thomas
Paragon Med Bldg Ste 308

City

St Thomas

State

VI

Zip Code

00802-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virgin Islands ENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2013

Transaction ID : 4839446

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr J David Osguthorpe MD

Mailing Address 675 Wilson Cemetery Rd

City

Awendaw

State

SC

Zip Code

29429-6044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Med Univ of South Carolina

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2013

Transaction ID : 4839448

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Christopher P. Poje MD

Mailing Address 3580 Sheridan Drive, Suite 115

City State Zip Code
 Amherst NY 14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pediatric ENT Associates

Occupation
 Asst Prof./ OTO & Peds

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2013

Transaction ID : 4839450

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John R. Houck MD

Mailing Address PO Box 26901
 WP 1290

City State Zip Code
 Oklahoma City OK 73126-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Univ of Oklahoma

Occupation
 Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2013

Transaction ID : 4839451

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Agnes Czibulka MD

Mailing Address 31 Broadway

City State Zip Code
 North Haven CT 06473-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ENT Med and Surg Grp

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2013

Transaction ID : 4839453

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Josh Werber MD

Mailing Address 15 Old Wheatley Rd

City

Glen Head

State

NY

Zip Code

11545-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2013

Transaction ID : 4839617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kenneth V Hughes MD

Mailing Address 1720 Nicholasville Rd Ste 500

City

Lexington

State

KY

Zip Code

40503-1487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Kentucky ENT PSC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2013

Transaction ID : 4839618

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael Setzen MD FACS FA

Mailing Address 600 Northern Blvd Rm 312

City

Great Neck

State

NY

Zip Code

11021-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael Setzen Otolaryngology PC

Occupation

Clinical Associate Professor of Otolar

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2013

Transaction ID : 4839620

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Stephen P. Cragle MD

Mailing Address 1528 Northway Dr

City

Saint Cloud

State

MN

Zip Code

56303-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Cloud Ear Nose and Throat Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : 4839622

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Steven D Handler MD

Mailing Address 34th Street & Civic Center Bouleva
ENT 1 Wood Center

City

Philadelphia

State

PA

Zip Code

19104-4399

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Philadelphia Pe

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2013

Transaction ID : 4839625

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Iman Naseri MD

Mailing Address Otolaryngology HNS
653 W 8th St 2nd Fl Faculty Clini

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida COM

Occupation

Clinical Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2013

Transaction ID : 4839628

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Sonya Malekzadeh MD

Mailing Address 3800 Reservoir Rd NW
1 Gorman

City State Zip Code
Washington DC 20007-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgetown University Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 4839634

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Oscar A Tamez MD

Mailing Address 2300 Round Rock Ave Ste 203

City State Zip Code
Round Rock TX 78681-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tejas ENT

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 4839636

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Danny Wong MD

Mailing Address 4201 Garth Rd Ste 321

City State Zip Code
Baytown TX 77521-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 4839643

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Richard W. Waguespack MD

Mailing Address 1210 Cheval Ln

City State Zip Code
 Vestavia AL 35216-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 24 2013

Transaction ID : 4839645

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

B. Robert P Green MD

Mailing Address 210 E 86th St Fl 9

City State Zip Code
 New York NY 10028-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ENT & Allergy Associates, LLP

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 24 2013

Transaction ID : 4839646

Amount of Each Receipt this Period

565.00

Full Name (Last, First, Middle Initial)

c. Moshe Ephrat MD

Mailing Address 3003 New Hyde Park Rd Ste 409

City State Zip Code
 New Hyde Park NY 11042-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ENT & Allergy Associates, LLP

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 24 2013

Transaction ID : 4839647

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Steven H Sacks MD

Mailing Address 210 E 86th St Fl 9

City
New York

State Zip Code
NY 10028-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENT and Allergy Assoc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2013

Transaction ID : 4839648

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

B. Dr Won-Taek Choe MD

Mailing Address 205 E 85th St Apt 20E

City
New York

State Zip Code
NY 10028-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENT and Allergy Associates LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2013

Transaction ID : 4839649

Amount of Each Receipt this Period

565.00

Full Name (Last, First, Middle Initial)

c. Dr Scott B Markowitz MD

Mailing Address 210 E 86th St Fl 9

City
New York

State Zip Code
NY 10028-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENT & Allergy Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2013

Transaction ID : 4839650

Amount of Each Receipt this Period

565.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Jonathan E. Aviv MD

Mailing Address 200 W End Ave Apt 17C

City

New York

State

NY

Zip Code

10023-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ent And Allergy Associates

Occupation

Director, Division of Laryngology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

565.00

Date of Receipt

04 / 25 / 2013

Transaction ID : 4839651

Amount of Each Receipt this Period

565.00

Full Name (Last, First, Middle Initial)

B. John J Huang MD

Mailing Address 690 Kinderkamack Rd Ste 101

City

Oradell

State

NJ

Zip Code

07649-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT & Allergy Associates, LLP

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2013

Transaction ID : 4839653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Marc J Levine MD

Mailing Address 1 Crosfield Ave Ste 201

City

West Nyack

State

NY

Zip Code

10994-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT & Allergy Associates, LLP

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 25 / 2013

Transaction ID : 4839654

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1180.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Dr Guy Lin MD

Mailing Address 210 E 86th St Fl 9

City

New York

State

NY

Zip Code

10028-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT & Allergy Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Transaction ID : 4839655

Amount of Each Receipt this Period

565.00

Full Name (Last, First, Middle Initial)

B. Kevin L Ziffra MD

Mailing Address 249 Spruce Rd

City

Northbrook

State

IL

Zip Code

60062-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Bone and Joint Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	3

Transaction ID : 4839656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter J. Abramson MD

Mailing Address 1958 Grand Prix Dr NE

City

Atlanta

State

GA

Zip Code

30345-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4839815

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Susan R. Cordes MD

Mailing Address 705 Riley Hospital Drive
#0860

City State Zip Code
Indianapolis IN 46202-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University School of Medicine

Occupation

Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 4839817

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

B. Steven T. Kmucha MD JD

Mailing Address 1800 Sullivan Ave Rm 604

City State Zip Code
Daly City CA 94015-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Francisco Peninsula ENT Assc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 4839818

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Dr Edward B. Rhee MD

Mailing Address 3 Longview Ct

City State Zip Code
Old Tappan NJ 07675-7480

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT & Allergy Associates, LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 4839822

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 30 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. James L Netterville MD

Mailing Address Dept of OTO-HNS

7209 Med Ctr E - S Tower 1215 21st

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 4839824

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

B. David R. Nielsen MD

Mailing Address 1650 Diagonal Rd

City

Alexandria

State

VA

Zip Code

22314-2857

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAO-HNS/F

Occupation

Executive Vice President and CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 4839825

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

1535.00

TOTAL This Period (last page this line number only)..... ►

30210.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Edonation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Mailing Address 118 N Saint Asaph St

City	State	Zip Code
Alexandria	VA	22314-3110

Transaction ID : 4839840Purpose of Disbursement
Payment to eDonation

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1543.64

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Payment to eDonation

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1543.64

1543.64